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28390 7590 07/23/2004

MEDTRONIC VASCULAR, INC.

IP LEGAL DEPARTMENT

3576 UNOCAL PLACE

SANTA ROSA, CA 95403

11/08/2004 CNGUYEN1 00000002 012525 10668287

01 FC:1501 1370.00 DA
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Kimberly Melvin (Depositor's name)
 [Signature] (Signature)
 October 25, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/668,287	09/24/2003	Michael D. Boneau	P106 CON6	2252

TITLE OF INVENTION: ENDOVASCULAR SUPPORT DEVICE AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	10/25/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
JACKSON, SUZETTE JAMIE	3738	623-001160

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medtronic AVE, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Rosa, California USA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee
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(Authorized Signature)

(Date)

October 25, 2004

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